

Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA DEATH CERTIFICATE – In Person Application

WARNING: False Application for a Death Certificate is a Punishable Offense

A VALID GOVERNMENT PHOTO ID IS REQUIRED



DEATH

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Today's Date:	# of Copies	Payment Met	hod Tot	al Amount		ppies to be Used f Yes Type of Claim	or Gov't Claims?	Fees \$20—Per Cer \$30—Per Correct	' '		
Name on Certificate	First		Middle	e	1	Last				USE ONLY	
									STATE FILE NUI	√IBER	
Date of Death Date of Bir			rth Place of D			Death (City or Town)			REQUEST ID		
County of Death	Fune	eral Home N	lame					DATE ENTERED			
Your Full Name—PRINTED Your Signature — REQUIRED									DATE ISSUED		
Mailing Stre	•et	City	,		State	,	Zip Code		SERIAL NUMBE	R—VA	
Address	.cc	City	City State Zip Code						SERIAL NUMBER—SSA		
Relationship to Person on Certificate **PROOF of relationship/eligibility MUST be provided (i.e., Will, birth certificate, marriage certificate, etc). Day time Phone Number									SERIAL NUMBER—CERTIFIED		
GOV'T ISSUED ID (OFFICE USE ONLY)									SERIAL NUMBER—CERTIFIED		
DOCUMENTS VERIFIED (OFFICE USE ONLY)									RECEIPT NUMBER		
Today's Date:	Yes No \$20—Per								tified Copy	DEATH	
Name on	First		Middle	<u></u> е	If yes,	Type of Claim Last		, , , , , , , , , , , , , , , , , , , ,	·	USE ONLY	
Certificate								STATE FILE NUMBER			
Date of Death Date of		Date of Birth	Birth Place			of Death (City or Town)			REQUEST ID		
County of Death			eral Home N	lame					DATE ENTERED		
Your Full Name—PRINTED Your Signature -						— REQUIRED			DATE ISSUED		
Mailing Street City State							Zip Code		SERIAL NUMBE	R—VA	
Address City						State Zip Code			SERIAL NUMBER—SSA		
Relationship to Person on Certificate **PROOF of relationship/eligibility MUST be provided (i.e., Will, birth certificate, marriage certificate, etc).						Day time Phone Number			SERIAL NUMBER—CERTIFIED		
GOV'T ISSUED ID (OFFICE USE ONLY)									SERIAL NUMBER—CERTIFIED		
DOCUMENTS VER (OFFICE USE ONL)									RECEIPT NUME	ER	